

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> <i>James Jackson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> <i>SCM</i> <input type="checkbox"/> C. Date of Delivery <i>5/15/05</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <i>2005 1820 0002 8715 9313</i></p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. <i>STC</i></p> <p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes <i>7005 1820 0002 8715 9313</i></p>	
<p>1. Article Addressed to:</p> <p>JEFF WILLIAMS IN CARE OF: EDS 474 SOUTH COURT STREET MONTGOMERY, ALABAMA 36104 <i>9002 0 2 MHT</i></p> <p>2. Article Number <i>7005 1820 0002 87</i> (Transfer from service label)</p>			

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540